2010 MAY 17 PM 3: 18

#### FOR INSTRUCTIONS, SEE BACK OF FORM

### **DISCLOSURE SUMMARY PAGE**

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Reset Form

Parties must be filed electronically.

7		
	FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
	For Office Use On Comm. #	
1	Logged In	
	Scanned	
	Audited	
	9 timely and accura 05.17.10 DATE S	
2) <b>NO</b>	N-ELECTION YEA	AR.
cal C	ommittees, enter Da	te of Election
unty ich E inn	& Local Committees, lection is held	enter County in
	e 100.00	

COMMITTEE NAME (Must be same as on Statement of Or	ganization)			
Gonzalez for Treasurer			FORM	
IMPORTANT: Indicate by # type of committee you are reporting fo (1) Statewide/Legislative/Judge Standing for Retention Candidate (4) County Central Committee (5) County Candidate (6) City Car	(2)State PAC (3)State Party	1 1	<b>DR-2</b> Rev. 12/2009)	DISCLOSURE REPORT
Subdivision Candidate (8) County PAC (9) City PAC (10) School	Board or Other Political Subdivision PA	.c (   E	or Office Use On	
11 ) Local Ballot Issue				
CANDIDATE COMMITTEES ONLY: Candidate Name	Political Party (if applicable)			
Sharon Gonzalez	Democrat			
Office Sought	District (7.0			
Linn County Treasurer	District (if Senate or House)		uaitea	
ate reports are subject to possible civil and criminal penalties. Fandidate's committee, and the chairperson, for any other type of	Pursuant to Iowa Code sections 688.32 f committee, is the individual responsib	le for filing ti	A.401(3), the car imely and accura 5.17.10 DATE S	ate reports.
SIGNATURE OF PERSON FILING REPORT	TELEPHONE		DATE S	IGNED
AM FILING A May 19, 2010	REPORT FOR (1) ELECTIO	N //2\NON	EL ECTION VE	۸۵
(report date)	Indicate by		ELECTION TE	MK.
CHECK IF AMENDMENT TO REPORT DATED	•	/ <del>"                                   </del>		
JOHEOR IF AMENDIMENT TO REPORT DATED		Local Com	mittees, enter Da	te of Election
☐ Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	of Dissolution Form DR-3. ed.)	County & L which Elec Linn	ocal Committees tion is held	, enter County in
STATEMENT OF CASH ON HAN	ND .			
CASH ON HAND at the beginning of the reporting period. (1 committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	e cash on hand at the end	\$	100.00	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sche	dule A) (*also see in-kind below)		1,850.00	
Schedule F: Loans Received total (Attach Schedul			***************************************	
Schedule H: Total Sales of Campaign Property (At				
(Schedule H applies to Candidates' Con		*************	<del></del>	
	SUB-TOTAL	s	1,950.00	
SUBTRACT TOTAL MONEY SPENT THIS PERIO		•		
Schedule B: Expenditures total (Attach Schedule B	B) (**also see debts and loans below	١	1,905.10	
Schedule F: Loan Repayments total (Attach Sched			***************************************	
ASH ON HAND at the end of this reporting period (if final re			44.90	
UNPAID BILLS (From Schedule D - Attach Schedule D)				
N KIND CONTRIBUTIONS (From Schedule E - Attach Sch				
OUTSTANDING LOANS (From Schedule F - Attach Sched		-	100.00	
ONSULTANT BREAKDOWN (Schedule G Attached?)	uler J		100.00	
•		**************************************	YES	NO
ANDIDATE COMMITTEES ONLY:				
ALUE OF CAMPAIGN PROPERTY (From Schedule H - Att	ach Schedule H)	•		

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

#### For Instructions, See Back of Form

#### C

CONTRIBUTIONS MONEY TAKEN IN  (Including candidate's personal funds)		(Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Gonzalez for Treasurer			CK THIS BOX IF NDING FORM
Conzulez for Treasurer	1		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
01/14/10	ID# CK#	Alice Roberts 601 Williams St	Mother	\$500.00	INCOME
		Victor, IA 52347	Mother		<b> </b>
01/18/10	ID# CK#	Terry Smith 5520 Lucore Rd		250.00	
	ID#	Marion, IA 52302			
01/24/10	CK#	Michael Stevenson 3913 Pine Tree Dr NE Cedar Rapids, IA 52402		500.00	
	ID#				
01/25/10	CK#	Tracy Houdeshell 4292 Quail Trail Dr Marion, IA 52302		200.00	
	ID#				
02/18/10	CK#	Dennis Ream 4217 Woodsmill Ct NE Cedar Rapids, 1A 52411	Uncle	50.00	
	ID#				
04/06/10	CK#	Marsha Boender 705 Woodbine Dr Grimes, IA 50111	Sister	50.00	
	ID#	Grines, IA JUIII			
04/19/10	CK#	Richard Taylor 2721 31st St SW		100.00	
	ID#	Cedar Rapids, IA 52404			
05/03/10	CK#	Sally Williams 5305 Walford Rd Fairfax, IA 52228		100.00	
	ID#	1 airiax, 1A 32226			
	CK#				
	ID#				
	CK#				
			SUB-TOTAL		
		TOTAL (1514		\$ 1850	
		TOTAL (IT last pag	e of this schedule)	e 1850	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

of <sup>1</sup> (for Schedule A)

1850

SCHEDULE

Reset Form

Reset Form

# **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
CHEC	CK THIS BOX IF
AME	NDING FORM

COMMI	TTEE	NAME	(Must	be	same	as o	n	Statement	of	Organization)
· .		_								

Gonzalez for Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/26/10	ID# CK#	Cedar Rapids Bank & Trust 500 1st Avenue NE, Ste 100 Cedar Rapids, IA 52401	Checks/checkbook	\$ 30.50
03/17/10	ID#	AdCraft Printing Co Inc 309 5th Avenue SE Cedar Rapids, IA 52401	Cowboy cards	340.26
04/09/10	ID# CK#	AdCraft Printing Co Inc 309 5th Avenue SE Cedar Rapids, IA 52401	Yard signs	1318.78
05/04/10	ID# CK#	Knights of Columbus 716 A Avenue NE Cedar Rapids, IA 52402	Hall rental for fund raiser	100.00
5/14/10	ID# CK#	Sports Image 820 North 20th Avenue Hiawatha, IA 52233	Gonzalez for Treasurer t-shirts	115.56
	ID# CK#			
	ID# CK#			
	ID#			
	CK#			

SUB-TOTAL \$ 1905.10

TOTAL (if last page of this schedule)

\$ 1905.10

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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Page		of	*

TE: This schedule reports money loaned to the committee which is deposited in the committee account.    CHECK THIS B AMENDING FOR SARES   100.00	MMITTEE NAME (Mus	st he same as on Statement - ( )	<u> </u>	ESET	SCHEDULE	
TOTAL (PART I)  DATE PAID Consider Made and ADDRESS of Lenders (Include Endorser's Name, If Applicable)  DATE OF III - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans form candidate's personal funds.)  AMOUNT OF LOAN  TOTAL (PART II)  DATE PAID  DATE PAID  Include Endorser's Name, If Applicable)  TOTAL (PART II)  DATE PAID  Include Endorser's Name, If Applicable)  TOTAL (PART II)  AMOUNT REPAID  AMOUNT REPAID  AMOUNT REPAID  TOTAL (PART II)  TOTAL (PART II)  AMOUNT REPAID  AMOUNT REPAID  TOTAL (PART II)  TOTAL (PART III)					_	LOAN RECEIV & REPA
RT II - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)  DATE RECEIVED NAME AND ADDRESS OF LENDER RELATIONSHIP TO CANDIDATE (If Applicable')  TOTAL (PART II)  S			in the committee accou	nt.	CHECK -	THIS BO IG FORN
RECEIVED (Include Endorser's Name, IT Applicable)  TOTAL (PART I)  AMOUNT OF LOAN  TOTAL (PART I)  S  ATTIL- MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule 2 - In-Aind Contributions)  DATE PAID (Include Endorser's Name, If Applicable)  AMOUNT REPAID (Include Endorser's Name, If Applicable)  TOTAL CASH REPAYMENTS (PART II)  S  TOTAL CASH REPAYMENTS (PART III)  From Schedule E TOTAL LOANS FORGIVEN  S  0.00	RTI- MONETARY I C	DANS RECEIVED THIS DEPOSITIVE TOTAL	is involved. Include loai	ns from candida	ate's personal f	unds.)
TOTAL (PART I)  S  RT II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-Aind Contributions.)  DATE PAID NAME AND ADDRESS OF LENDER RELATIONSHIP TO (Include Endorser's Name, if Applicable)  \$  TOTAL CASH REPAYMENTS (PART II)  From Schedule E TOTAL LOANS FORGIVEN  \$  0.00	RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIO CANDIDATE	NSHIP TO (If Applicable*)	AMOUNT O	F LOAN
AT II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E In-kind Contributions.)  DATE PAID MM/DD/YR)  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE* (If Applicable)  \$  TOTAL CASH REPAYMENTS (PART II) From Schedule E TOTAL LOANS FORGIVEN  \$ 0.00 0.00					\$	
AT II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E In-kind Contributions.)  DATE PAID NAME AND ADDRESS OF LENDER RELATIONSHIP TO CANDIDATE* (If Applicable)  \$  TOTAL CASH REPAYMENTS (PART II)  From Schedule E TOTAL LOANS FORGIVEN  \$  0.00  0.00						
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AT II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E In-kind Contributions.)  DATE PAID MM/DD/YR)  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE* (If Applicable)  \$  TOTAL CASH REPAYMENTS (PART II)  From Schedule E TOTAL LOANS FORGIVEN  \$ 0.00 0.00						
RT II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E In-kind Contributions.)  DATE PAID  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE* (If Applicable)  \$  TOTAL CASH REPAYMENTS (PART II)  From Schedule E TOTAL LOANS FORGIVEN  \$ 0.00 0.00						
(Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE* (If Applicable)  AMOUNT REPAID  AMOUNT REPAID  TOTAL CASH REPAYMENTS (PART II)  From Schedule E TOTAL LOANS FORGIVEN  \$ 0.00  0.00						
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From Schedule E TOTAL LOANS FORGIVEN \$ 0.00	DATE PAID	MAME AND ADDRESS OF LENDER	DD s.)	SHIP TO		
From Schedule E TOTAL LOANS FORGIVEN \$ 0.00	DATE PAID	MAME AND ADDRESS OF LENDER	DD s.)	SHIP TO	AMOUNT R	
From Schedule E TOTAL LOANS FORGIVEN \$ 0.00	DATE PAID	MAME AND ADDRESS OF LENDER	DD s.)	SHIP TO	AMOUNT R	
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From Schedule E TOTAL LOANS FORGIVEN \$ 0.00	DATE PAID	MAME AND ADDRESS OF LENDER	DD s.)	SHIP TO	AMOUNT R	
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	DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATION CANDIDATE* (	ISHIP TO If Applicable)	AMOUNT R	
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD  \$ 100.00  closure law requires candidate committees to disclose the relationship of any relative ing a contribution to the committee. Relationship must be shown to the third degree of	DATE PAID	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL CAS:	RELATION CANDIDATE* (  H REPAYMENTS (PAR  TAL LOANS FORGIVE	SHIP TO If Applicable)  T II)  \$ N \$	0.00 0.00	